



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1286

DATE: September 9, 2013

TO: All Iowa Medicaid Participating Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Annual Resubmission Requirements - Employee Policies Regarding Prevention and Detection of Medicaid Fraud and Abuse

EFFECTIVE: Immediately

This notice is intended to clarify information originally explained in Informational Letter No. 547, dated January 23, 2007, available at:

<http://www.ime.state.ia.us/docs/547DRAReqForProvOver5M.doc>.

If you are a provider or part of a provider entity required to submit your employee policies regarding prevention and detection of Medicaid fraud and abuse, as explained in Informational Letter No. 547, this notice clarifies the annual resubmission requirements of this information.

- If there are no changes to the policies and information submitted the previous year, you are not required to resubmit all information regarding these policies. You are, however, required to send a written statement indicating that there have been no changes and that these policies remain in effect.
- If there have been changes to the policies and information submitted the previous year, please send only the updated information.

This information must be submitted annually in the quarter following the end of each federal fiscal year (October to December), but before January 1 of the following year. Please include the entity National Provider Identifier (NPI) and Tax Identification Number/Employee Identification Number (TIN/EID) when submitting the required information.

The Compliance with these requirements is mandatory for providers or provider entities receiving at least \$5,000,000 from the Iowa Medicaid program in any federal fiscal year. The \$5,000,000 amount, for Iowa Medicaid purposes, will be based on paid claims, net of any adjustments to those claims. The \$5,000,000 threshold is calculated based on payments made to a provider's TIN/EID.

The required information may be faxed to the IME Program Integrity (PI) Unit at 515-725-1354 or mailed to:

**Program Integrity Unit
Iowa Medicaid Enterprise
P.O. Box 36390
Des Moines, IA 50315**

Any provider or provider entity that fails to comply with this information submission will be subject to sanction, including probation, suspension, or termination of participation in the Iowa Medicaid program.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at IMEProviderServices@dhs.state.ia.us.